

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-049323

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 219

FILED DEC 18 1962

## 1. PLACE OF DEATH

a. COUNTY

Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Nevada

Length of stay in 1b  
1 yrs 9 mos.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Jones Nursing Home

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Vernon

c. CITY OR TOWN Bronaugh

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Andrew

Middle

Last Hamilton

4. DATE OF DEATH

Month December 11, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/14/1887

## 9. AGE (last birthday)

75

## IF UNDER 1 YEAR

Months

Days

Hours

IF UNDER 24 HR Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Pittsburg, Kansas

12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Mathew Hamilton

## 13b. MOTHER'S MAIDEN NAME

Louisiana Bishop

## 14. NAME OF HUSBAND OR WIFE

Nora E Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs Nora Hamilton Bronaugh, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Cerebral vascular accident

INTERVAL BETWEEN ONSET AND DEATH  
6 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Congestive heart failure

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March, 1961 to December 1962 and last saw him alive on Dec. 8, 1962  
Death occurred at Nevada, Mo. 3:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

L. P. McCann, M.D.

## 22b. ADDRESS

Moore Bldg., Nevada, Mo.

## 22c. DATE SIGNED

12/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12/14/62

## 23c. NAME OF CEMETERY OR CREMATORY

Worsley Cemetery

## 23d. LOCATION (City, town, or county)

Bronaugh, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Eichinger-Milster Funeral Home

Nevada, Missouri

## 25. DATE RECD. BY LOCAL REG.

Dec 15-1962

## 26. REGISTRAR'S SIGNATURE

Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 1085

2 1080

3

4 0

5 1

6

7 1

8 2

9 331X

10

11

12 86-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.